Form **8871** (July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

urtment of the Treasury nal Revenue Service				
art I General Information				
Name of organization			er identification number	
Florida Osteopathic			ied For	
2 Mailing address (P.O. Box or number, street, and room or suite number) 2007 Apalachee Parkway			L064885	
City or town, state, and ZIP code	17.	<u> </u>		
Tallahassee, FL 32	2301			
E-mail address of organization			· · · · · · · · · · · · · · · · · · ·	
a Name of custodian of records	4b Custoo			
Stephen R. Winn		2007 Apalachee Parksay		
oopnon n. wann	•			
		11aahssee, FL 32301	·	
a Name of contact person	5b Contac	ct person's address		
Same				
Business address of organization (if d	ifferent from mailing address	shown above). Number, street, and room or su	te number	
City or town state and 710 and				
City or town, state, and ZIP code				
art II Purpose	· · · · · · · · · · · · · · · · · · ·			
Describe the purpose of the organizat	ion			
An association Pol	itical Action	Committee established to	promote	
	<i>/</i>			
art III List of All Related Ent a Name of related entity	ities (see instructions) 8b Relationship	8c Address		
	,			
American Osteopathic Medical Association-	N - 1. 2 3	142 E. Ontario St.		
PAC PAC	National Affiliate	Chicago, IL 60611		
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Sign Here

Part IV List of All Officers, Di	rectors, and Highly Co	mpensated Employees (see instructions)
9a Name	9b Title	9c Address
Marcelino Oliva, Jr., D.O.	Chairman	P. O. Box 1234
		Dade City, FL 33526
Larry L. Mattingly, D.O.	Vice-Chairman	7764 Normandy Blvd., Suite 24B
		Jacksonville, FL 32221
Stephen R. Winn	Sec/Treas	2007 Apalachee Parkway
		Tallahassee, FL 32301
	·	***************************************

Under penalties of perjury, I decla	are that the organization named in	Part I is to be treated as an organization described in section 527 of the internal
Revenue Code, and that I have ex it is true, correct, and complete.	amined this notice, including acco	mpanying schedules and statements, and to the best of my knowledge and belief,
Sign Signature of authorized off	00	7/21/00
Signature of authorized off	icial	Date